

City of New Orleans

Mitchell J. Landrieu, Mayor

Office of Community Development

2011 Registry of Community Organizations

The City of New Orleans, through the Office of Community Development (OCD), is inviting all **Community Organizations** to apply for listing on the Office of Community Development Registry of Community Organizations. All organizations interested in working with Office of Community Development must qualify by completing the Registry Community Organizations. The purpose of the Registry is to ensure that applicants meet minimum eligibility requirements to receive federal and state grant funds through Office of Community Development for program year 2011 (January 1, 2011 - December 31, 2011). **Certification on the Registry is a required step in the two (2) step funding process. In addition, all agencies seeking funding must also successfully complete the SuperNOFA competitive application.**

Application (Coc) & Registry Process Opens: Wednesday, December 15, 2010

**Continuum of Care Application
& general Registry Application Deadline: Friday, January 21, 2011 by 3:00 p.m to 1340 Poydras,
10th floor.**

- **Applications received after the January 21, 2011 by the 3:00 p.m. deadline WILL NOT BE ELIGIBLE for funding**
- Applicant organizations must have IRS standing as a 501(c)(3),
- possess another tax exemption status, or
- be conditionally approved for tax exemption status
- **If your organization is debarred or has outstanding audit findings, or a delinquent audit, it will not be eligible for the 2011 SuperNOFA**

A checklist is provided to ensure that you have completed all of the necessary items to be considered for certification. Please submit to Office of Community Development, **one (1) original and one (1) copy** of your completed application packet. **Please do not submit to Office of Community Development the originals of any legal documents for your agency unless specifically requested. Office of Community Development will not be responsible for making copies of any documents for your agency.** For more information please call Jeanette Thomas-Allen or Donna Pearson at 658-4399.

Submit original and one (1) copy of application and all attachments. Unless SPECIFICALLY requested, please do not submit to Office of Community Development the originals of legal documents for your agency.

ORGANIZATIONAL INFORMATION

Name of Organization: _____

Federal I.D. No: _____

Federal DUNs No. _____

Agency Address: _____

Mailing Address _____

Contact Person(s): Name: _____

Title: _____

Business Phone: _____

Alternate Phone: _____

Fax: _____

E-mail: _____

SECONDARY CONTACT INFORMATION

Name: _____

Title: _____

Phone: _____

Alternate Phone: _____

Fax: _____

E-mail: _____

Section 1: Planning Information

PRINCIPAL ACTIVITIES OF ORGANIZATION (Check 1 or 2 (do not exceed 2).)

1a:	<u>HOUSING</u>	<u>COMMUNITY SERVICES</u>	
<input type="checkbox"/>	Housing Renovation/Rehabilitation	<input type="checkbox"/>	Youth Enhancement
<input type="checkbox"/>	Homebuyer Programs/New Construction	<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Rental Housing Development and Management	<input type="checkbox"/>	Child Care
		<input type="checkbox"/>	Literacy/Education
		<input type="checkbox"/>	Homebuyer/Homeownership Training

CONTINUUM OF CARE

<input type="checkbox"/>	Homeless Assistance/Prevention
<input type="checkbox"/>	HIV/AIDS Services
<input type="checkbox"/>	Assisting Persons with Disabilities

1b: Please identify the neighborhood(s) you intend to serve:

1c: Give the boundaries and census tracts:

NOTE:

- All child care and group home providers should provide licensing documentation and accreditation from the State.
- All organizations listing Literacy as a Principal Activity of Organization is encouraged to be a member of the Literacy Alliance of Greater New Orleans (864-7049). Please indicate membership verification or application

Section 2: Requested Information

All requested information must be provided for Registry to be reviewed and approved.

- a. Has the organization achieved not-for-profit status in accordance with Section 501(c) of the Internal Revenue Code?

YES_____ NO_____

- b. Indicate Federal Tax Exemption and provide proof of status:

_____ 501(c)(3) Organization

_____ 501(c)(4) Organization

- c. Is the Organization incorporated under the laws of the State of Louisiana?

YES_____ NO_____

If yes, please submit copies of the organization's **Articles of Incorporation and By-laws including amendments.**

- d. Provide current Certificate of Good Standing from the Louisiana Secretary of State. Please submit **only** the current year certificate (*see attachment 1*).

Secretary of State, Baton Rouge, Louisiana - (225) 925-4704

Please request by mail at P.O Box 94125 Baton Rouge, LA 70804 or

Fax (225)925-4727

Cost: \$10. Please allow 1 – 2 weeks for receipt.

- e. Provide a copy of Form 941, Employer's Quarterly Federal Tax Return or Form 990, Return of Organization Exempt from Income Tax.

Section 3: Organizational Capacity

Summarize your **Organization's Experience** in the chart below.

Program Year	Type of Service Provided	Site Address	Number of People Served	Number of Households Served	Number of Units built or rehabbed
2010					
2009					
2008					
2007					
2006					

Are the following items included in your Articles of Incorporation or by-laws?

Purpose of Organization	yes____	no____
Board of Directors Selection Process	yes____	no____
Process of Annual or Regular Meetings	yes____	no____
Duties and Composition of Officers	yes____	no____

Section 4: Staff and Board Information

List the names, addresses and titles of each Board Member for organization

NAME	ADDRESS	TITLE

- Provide **original board authorization** (*sample attachment 3*) stating the individual authorized to enter into contractual agreements, execute documents, sign checks, etc., on behalf of the organization.
- Provide an Organization Chart for your agency

Staff

Identify all paid, full time and part-time staff.

NAME	TITLE	FT/PT

Consultants/Contractors

Identify all paid consultants and contractors providing services for the organization.

NAME/AGENCY	AGENCY PRINCIPAL OFFICER	SERVICE

Section 5: Conflict of Interest

Please list any **board member(s) and the immediate family or business partner(s) of the board members**, currently or within the last two years who has been an employee of Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary.

(Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

BOARD MEMBER	FAMILY MEMBER	RELATIONSHIP (self, husband, wife, brother-in-law, etc.)	AFFILIATION (OFFICE OF COMMUNITY DEVELOPMENT, City Council, business partner, etc.)

Please list any **staff member(s) and the immediate family or business partner(s) of the staff member(s)**, currently or within the last two years who have been an employee of the Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary.

(Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

STAFF MEMBER	FAMILY MEMBER	RELATIONSHIP (self, husband, wife, brother-in-law, etc.)	AFFILIATION (Office of Community Development, City Council, business partner, etc.)

Conflict of Interest (continued)

Please list any **paid consultant(s) and/or contractor(s) and the immediate family or business partner(s) of the paid consultant(s) and contractor(s)**, currently or within the last two years who has been an employee of the Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. *(Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)*

CONSULTANT/ CONTRACTOR	FAMILY MEMBER	RELATIONSHIP (self, husband, wife, brother-in-law, etc.)	AFFILIATION (Office of Community Development, City Council, business partner, etc.)

Which of the employees, agents, consultants or officers of your organization will (1) exercise any functions or responsibilities related to activities to be funded with the requested funding from the City of New Orleans or (2) be in a position to participate in a decision making process related to these activities or (3) gain inside information associated with these activities? Use additional pages if necessary.

Which of the people listed in the response above and which persons with whom they have business or immediate family ties as defined above (1) will obtain a financial interest or benefit from activities to be funded with the assistance requested from the City of New Orleans or (2) have an interest in any contract, subcontract or agreement with these activities, or the proceeds from these activities? Use additional pages if necessary.

Section 6: Program Financial Chart (Past 3 Years)

List the source and amount of funds (including in-kind contributions) that support the proposed program(s) in the service area(s) identified as *Principal Activities of the Organization* (page 3).

Leveraging of funds is encouraged by the Office of Community Development

FUNDING SOURCE & YEAR (Federal, State, City, Donations, etc.)	FUNDED AMOUNT	UNITS COMPLETED / NUMBER OF CLIENTS SERVED

Section 7: Financial Capacity

- a:** Has the organization, its members, employees, paid consultants, or contractors been debarred or suspended from the receipt of federal, state, or City of New Orleans funds?

YES _____ NO _____ If yes, state reason.

- b:** Does organization conform to the financial accountability standards of Subpart C.21 of OMB Circular A- 110, "Standards for Financial Management Systems" (*See attachment 2*)? If so, please submit one or more of the following:

γ an organizational audit performed in compliance with OMB Circular A-133 ;
For Federal expenditures of \$500,000.00 or more

γ a certification from a Certified Public Accountant verifying that agency financial records conform to Subpart C.21 of OMB Circular A-110.

γ **NEW AGENCIES ONLY:** a **NOTARIZED** statement by the president or chief financial officer of the organization verifying that agency financial records conform to Subpart C.21 of OMB Circular A-110.

NOTE: ALL AGENCIES SHOULD SUBMIT ORIGINAL COPIES OF CPA CERTIFICATIONS OR NOTARIZED STATEMENTS.

- c:** Does the organization have any outstanding, delinquent, or unresolved audit findings identified in the agency's organizational audit?

YES _____ NO _____ If yes, state reason.

- d:** Please complete the Total Federal Inquiry Sheet (Attachment 5)

PLEASE COMPLETE THE 2011

OFFICE OF COMMUNITY DEVELOPMENT REGISTRY CHECKLIST

Name of Organization _____

	Yes	No	N/A
<u>Section 1: Planning Information</u>			
a. Principal Activities Identified	—	—	—
b. Neighborhood Identified	—	—	—
c. Boundaries & Census Tracts	—	—	—

Section 2: Requested Information

a. 501(c) status	—	—	—
b. Articles of Incorporation and Organizational By-Laws	—	—	—
c. CURRENT Certificate of Good Standing (Attachment 1)	—	—	—
d. Copy of form 990 or 940	—	—	—
e. Are you a Certified Section 3 Business?	—	—	—

Section 3: Organizational Capacity

a. Experience Chart	—	—	—
b. Statement of Staff/ Consultants Experience	—	—	—
c. Completeness of Articles of Incorporation and By-Laws	—	—	—

Section 4: Staff & Board Information

a. Board Authorization (Attachment 3)	—	—	—
b. Staff Member List	—	—	—
c. Consultants Identified	—	—	—

Section 5: Conflict of Interest

a. Conflict of Interest Statements completed	—	—	—
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Section 6: Program Financial Chart

a. Financial Chart completed	—	—	—
b. Total Federal Funding Inquiry Sheet (Attachment 5)	—	—	—
c. Current Tax Clearance Form (Attachment 4)	—	—	—

Date submitted to Dept. of Finance _____ (Submit a copy of form with your Registry application)

Section 7: Financial Capacity

a. Debarment statement	—	—	—
b. Financial Accountability Standards Verification (Attachment 2)	—	—	—

ATTACHMENTS

1. Sample of Certificate of Good Standing Document
2. Verification(s) supporting OMB Circular A-110
3. Board Authorization
4. Current Tax Clearance Form
5. Total Federal Funding Inquiry Sheet

Please identify/label attachments in your application packet

UNITED STATES OF AMERICA
State of Louisiana

Jay Bardenne
 SECRETARY OF STATE

In Testimony whereof, I do hereby Certify that

A corporation domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on
 December 21, 1992.

I further certify that the records of this Office indicate
 the corporation has paid all fees due the Secretary of
 State, and so far as the Office of the Secretary of State is
 concerned is in good standing and is authorized to do
 business in this State as a Non-Profit Corporation.

*In testimony whereof, I have hereunto set
 my hand and caused the Seal of my Office
 to be affixed at the City of Baton Rouge on,
 March 27, 2007*

MSU 31622843N

Secretary of State



Mailing Address: Secretary of State
 P.O. Box 94125
 Baton Rouge, LA 70804

Fax Number: (225)925-4727

OMB CIRCULAR A-110

SUBPART C - Post-Award Requirements

Financial and Program Management

Section 21. Standards for financial management systems.

- (a) Federal awarding agencies shall require recipients to relate financial data to performance data and develop unit cost information whenever practical.
- (b) Recipients' financial management systems shall provide for the following.
 - (1) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements set forth in Section _____.52. If a Federal awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for its reports on the basis of an analysis of the documentation on hand.
 - (2) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, un-obligated balances, assets, outlays, income and interest.
 - (3) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
 - (4) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
 - (5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the issuance or redemption of checks, warrants or payments by other means for program purposes by the recipient. To the extent that the provisions of the Cash Management Improvement Act (CMIA) (Pub. L. 101-453) govern, payment methods of State agencies, instrumentalities, and fiscal agents shall be consistent with CMIA Treasury-State Agreements or the CMIA default procedures codified at 31 CFR part 205, "Withdrawal of Cash from the Treasury for Advances under Federal Grant and Other Programs."
 - (6) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award.
 - (7) Accounting records including cost accounting records that are supported by source documentation.
- (c) Where the Federal Government guarantees or insures the repayment of money borrowed by the recipient, the Federal awarding agency, at its discretion, may require adequate bonding and insurance if the bonding and insurance requirements of the recipient are not deemed adequate to protect the interest of the Federal Government.
- (d) The Federal awarding agency may require adequate fidelity bond coverage where the recipient lacks sufficient coverage to protect the Federal Government's interest.
- (e) Where bonds are required in the situations described above, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties, as prescribed in 31 CFR part 223, "Surety Companies Doing Business with the United States."

BOARD AUTHORIZATION

DATE:

On the ___ day of ___, 20___ at its regular meeting of the Board of Directors of, a
Corporation domicile in the State of Louisiana, Parish of Orleans, with a quorum present, the
following business was conducted.

It was duly moved and seconded that the following resolution be adopted:

WHEREAS, the Board of Directors of _____ has
agreed that it is necessary to designate a person to solicit, negotiate and/or execute any
documents, contracts, etc. for the Corporation.

WHEREAS, the Board of Directors has authorized
to act on behalf of the Corporation in any and all transactions necessary for the Corporation.

BE IT FURTHER RESOLVED, that _____ be given the full
discretion to sign any and all contracts, documents, etc., for the _____.

**RESOLUTION WAS READ IN FULL ON THIS ___ DAY OF ___, 20___ IN NEW
ORLEANS, LOUISIANA.**

SECRETARY

****NOTE: THIS DOCUMENT IS VALID FOR ONE (1) YEAR AFTER THE DATE OF
ISSUANCE.**

FOR CITY OF NEW ORLEANS USE ONLY	TRACKING NO.
RECEIVED BY FINANCE DEPT. ON: _____	_____
FROM: _____	PHONE _____
TO REVENUE ON: _____	BY: _____
TO TREASURY ON: _____	BY: _____
TO DIRECTOR ON: _____	BY: _____
COMPLETED & RECEIVED BY DEPT. FINANCE ON: _____	

**CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE
TAX CLEARANCE AUTHORIZATION**

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

FOR CITY OF NEW ORLEANS USE ONLY		TRACKING NO.
RECEIVED BY FINANCE DEPT. ON: _____		
FROM: _____	PHONE _____	
TO REVENUE ON: _____	BY: _____	
TO TREASURY ON: _____	BY: _____	
TO DIRECTOR ON: _____	BY: _____	
COMPLETED & RECEIVED BY DEPT. FINANCE ON: _____		
DEPT. OF FINANCE RECEIVED ON: _____ BY: _____		

According to Section 2-8 of the Code of the City of New Orleans, Louisiana 1995, the City may not enter into or make payments under a contract, grant or cooperative endeavor agreement with any person, corporation, or entity delinquent in City taxes. This form supplies the needed tax clearance. This clearance is issued without prejudice to any tax liabilities discovered by audit.

- ▶ **A SEPARATE TAX CLEARANCE AUTHORIZATION IS REQUIRED FOR EACH CONTRACT**
- ▶ **IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED**

Taxpayer Information

TYPE OF BUSINESS:	
BUSINESS NAME:	REAL ESTATE TAX NUMBER:
OWNER'S NAME:	(IF KNOWN)
BUSINESS ADDRESS:	
	PERSONAL PROPERTY TAX NUMBER:
MAILING ADDRESS:	(IF KNOWN)
CONTACT TELEPHONE:	SALES TAX/OCCUPATIONAL LICENSE NUMBER:
FAX NUMBER:	(IF KNOWN)
E-MAIL ADDRESS: _____ Department: _____	Name of Contracting _____

PRINT NAME:

TITLE:

AUTHORIZED SIGNATURE:

DATE SIGNED:

I certify that I have the authority to execute this form with respect to the tax matters covered and that the above is true and correct. The City of New Orleans is authorized to inspect and/or receive confidential tax information.

BUREAU OF REVENUE (Room 1W15)	BUREAU OF TREASURY (Room 1W37)
This clearance covers Occupational License and Sales/Use taxes.	This clearance covers Ad Valorem taxes for Real Estate and Business Property taxes.
I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S RECORDS OF THIS DATE THAT THE TAXPAYER IS/IS NOT DELINQUENT IN ANY TAXES OWED TO THE CITY.	I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S RECORDS OF THIS DATE THAT THE TAXPAYER IS/IS NOT DELINQUENT IN ANY TAXES OWED TO THE CITY.
_____ COLLECTOR OF REVENUE DATE	_____ TREASURY CHIEF DATE
I HEREBY ASSERT THAT THE DELINQUENCY IS/IS NOT REMEDIED.	I HEREBY ASSERT THAT THE DELINQUENCY IS/IS NOT REMEDIED.
_____ COLLECTOR OF REVENUE DATE	_____ TREASURY CHIEF DATE

I attest that the taxpayer named above **is/is not** delinquent in any taxes owed to the city.

DIRECTOR OF FINANCE

DATE

**CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE
TAX CLEARANCE AUTHORIZATION**

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

INSTRUCTIONS

1. To complete this form, provide all of the taxpayer information requested at the top of the form. Failure to fill in ALL taxpayer information requested may delay processing. If taxpayer authorization is not signed and dated, the form will not be processed.
2. Complete, sign and date the authorization form and submit in any of the following ways:
 - a. In person or by mail to: City Hall, Department of Finance, 1300 Perdido Street, Room 3E06, New Orleans, LA 70112
 - b. Via Facsimile (Fax): (504) 658-1706
3. This form authorizes the City of New Orleans to inspect and/or receive your confidential tax information.
4. This Tax Clearance Authorization will not be honored for any purpose other than contracting with the City of New Orleans.
5. A separate Tax Clearance Authorization is required for each contract.
6. If you need additional information regarding this authorization, please call the Department of Finance at (504) 658-1510, or e-mail gcpiper@cityofno.com

FOR OFFICE USE ONLY
DATE RECEIVED: _____
RECEIVED BY: _____
RECEIVED VIA: _____